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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Ironshore Indemnity Inc.
<b>TOI/Sub-TOI:</b>	35.0 Interline Filings/35.0000 Personal/Commercial Interline Filings		
<b>Product Name:</b>	IRON-19-001		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Ironshore Indemnity Inc.
Product Name:	IRON-19-001
State:	District of Columbia
TOI:	35.0 Interline Filings
Sub-TOI:	35.0000 Personal/Commercial Interline Filings
Filing Type:	Form
Date Submitted:	11/14/2019
SERFF Tr Num:	IRON-132156735
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	IRON-19-001
Effective Date	11/15/2019
Requested (New):	
Effective Date	11/15/2019
Requested (Renewal):	
Author(s):	Kathleen Mirailh
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia  
**TOI/Sub-TOI:** 35.0 Interline Filings/35.0000 Personal/Commercial Interline Filings  
**Product Name:** IRON-19-001  
**Project Name/Number:** /

**Filing Company:** Ironshore Indemnity Inc.

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Domicile Status Comments: Exempt from filing in MN  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 11/14/2019  
State Status Changed: Deemer Date:  
Created By: Kathleen Mirailh Submitted By: Kathleen Mirailh  
Corresponding Filing Tracking Number:

### Filing Description:

The purpose of this filing is to address form changes required due to an internal reorganization of companies within the Liberty Mutual Group. Please refer to the Filing Description in the Supporting Documentation tab for a detailed explanation of the endorsements being filed.

## Company and Contact

### Filing Contact Information

Kathleen Mirailh, Forms Compliance Analysis  
Kathleen.Mirailh@ironshore.com  
28 Liberty St  
646-826-4838 [Phone]  
4th Floor  
New York, NY 10005

### Filing Company Information

Ironshore Indemnity Inc.	CoCode: 23647	State of Domicile: Minnesota
28 Liberty Street	Group Code: 111	Company Type: Property &
5th Floor	Group Name: Liberty Mutual	Casualty
New York, NY 10005	Group	State ID Number: 0023647
(877) 476-6411 ext. [Phone]	FEIN Number: 41-0121640	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

State: District of Columbia Filing Company: Ironshore Indemnity Inc.  
 TOI/Sub-TOI: 35.0 Interline Filings/35.0000 Personal/Commercial Interline Filings  
 Product Name: IRON-19-001  
 Project Name/Number: /

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Sanction Limitation and Exclusion Clause	ADM-OFAC	0419	END	Replaced	Previous Filing Number:	IRON-129075459	0.000	ADM-OFAC-0419 - Sanction Limitation and Exclusion Clause.pdf
							Replaced Form Number:	IRON.PN.001 (0513) OFAC Compliance Notice		
2		Electronic Signature Page	ESIG	0419	END	Replaced	Previous Filing Number:	IRON-131184378	0.000	ESIG-0419 - Electronic Signature Page.pdf
							Replaced Form Number:	IRON.END.ALL.013 (0317) Signature Page		
3		Insurer Address Change	IRON.END.ALL.016	(0419)	END	Replaced	Previous Filing Number:	IRON-131184378	0.000	IRON.END.ALL.016 (0419) - Insurer Address Change.pdf
							Replaced Form Number:	IRON.END.ALL.016 (0317) Insurer Street Address Change		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

[LOGO]

**IRONSHORE INDEMNITY INC.**

(A Stock Company)  
175 Berkeley Street  
Boston, MA 02116  
Toll Free: (877) IRON411

**ENDORSEMENT #**

**Policy Number:**  
**Insured Name:**

**Effective Date of Endorsement:**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SANCTION LIMITATION AND EXCLUSION CLAUSE**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

## ELECTRONIC SIGNATURE PAGE

[  ]

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Secretary

[  ]

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President

[LOGO]

**IRONSHORE INDEMNITY INC.**

(A Stock Company)  
175 Berkeley Street  
Boston, MA 02116  
[(877) IRON411]

**ENDORSEMENT #**

**Policy Number:**  
**Insured Name:**

**Effective Date of Endorsement:**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**INSURER ADDRESS CHANGE**

It is hereby understood and agreed that the street address of the Insurer's main administrative office and mailing address is changed to:

175 Berkeley Street  
Boston, MA 02116

The street address for the Representative of the Insurer and Notice of Claim reporting is changed to:

[c/o Ironshore Insurance Services LLC.  
28 Liberty Street, 5<sup>th</sup> Floor  
New York, NY 10005]

The street address for the Service of Process/Suit provision in this policy is changed to:

175 Berkeley Street  
Boston, MA 02116

For the purposes of this endorsement:

1. "Insurer" means the "Insurer", "Underwriter" or "Company" or other name specifically ascribed in this policy as the insurance company or underwriter for this policy.
2. "Notice of Claim reporting" means any "notice of claim/circumstance", "notice of loss", "notice of wrongful act", or other such reference in the policy designated for the reporting of claims, loss, acts, occurrences or situations that may give rise or result in loss under this policy.
3. "Policy" means the policy, bond or other insurance product to which this endorsement is added.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

[\_\_\_\_\_]

Authorized Representative

\_\_\_\_\_

Date

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Ironshore Indemnity Inc.
<b>TOI/Sub-TOI:</b>	35.0 Interline Filings/35.0000 Personal/Commercial Interline Filings		
<b>Product Name:</b>	IRON-19-001		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Filing internally
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Readability Certificate
<b>Comments:</b>	Please see attached
<b>Attachment(s):</b>	Readability Scoring.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Terrorism Risk Insurance Program Reauthorization Act of 2015
<b>Bypass Reason:</b>	Not Applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Description
<b>Comments:</b>	Please see attached
<b>Attachment(s):</b>	Filing Description.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Side By Side Comparison
<b>Comments:</b>	Please see attached
<b>Attachment(s):</b>	Withdraw - IRON.PN.001 (0513) OFAC Compliance Notice.pdf Redlined IRON.END.ALL.013 (0317) Signature Page.pdf Redlined IRON.END.ALL.016 (0317) Insurer Address Change.pdf

<b>SERFF Tracking #:</b>	IRON-132156735	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	IRON-19-001
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Ironshore Indemnity Inc.
<b>TOI/Sub-TOI:</b>	35.0 Interline Filings/35.0000 Personal/Commercial Interline Filings		
<b>Product Name:</b>	IRON-19-001		
<b>Project Name/Number:</b>	/		

<b>Item Status:</b>	
<b>Status Date:</b>	



IRONSHORE INDEMNITY INC.

READABILITY

To Whom it may concern:

The attached forms combined achieved a Flesch Reading Ease Score.

Form#	Title	Combined Flesch Score
ADM-OFAC-0419	Sanction Limitation and Exclusion Clause	46.64
ESIG-0419	Electronic Signature Page	
IRON.END.ALL.016 (0419)	Insurer Address Change	

Form#	Title	Flesch Score
ADM-OFAC-0419	Sanction Limitation and Exclusion Clause	43.58
ESIG-0419	Electronic Signature Page	0
IRON.END.ALL.016 (0419)	Insurer Address Change	50.49

## Ironshore Indemnity Inc. Filing Description

The purpose of this filing is to address form changes required due to an internal reorganization of companies within the Liberty Mutual Group.

We are changing the Company address by the introduction of an Address Change Endorsement. Our Company address is being revised to the main administrative office address at 175 Berkeley Street, Boston, MA 02116. It is our intent to use this endorsement to provide notice to our policyholders of this address change until the policy can be renewed with the new header address shown in the endorsement. This form header is computer generated and this address change will apply to all policies. All forms previously approved by your Department, will be updated with the new address. We certify that we will not be making any other changes to the content of the previously approved forms as a result of this address change.

We are amending and bracketing corporate signatures due to the election of Matthew Dolan as President of the Company as indicated on the Electronic Signature Endorsement. These signatures will appear whenever the Secretary's &/or President's are added to a form. The Company requests that by bracketing the signatures that they be considered subject to change, without necessitating a form revision filing.

We are revising our current OFAC notice to introduce a new endorsement version that addresses not only OFAC but any sanction, prohibition or restriction instituted by the US, UK, or the EU.

The Company requests that the logo image appearing in the top of each form be considered a bracketed '[Logo]' field, subject to change, so that the Company can change the logo image if needed in the future due to corporate branding initiatives without necessitating a form revision filing. The current logo in use is:



Printing, including electronic, of all forms is subject to variation in pagination, margins, positioning and formatting, however, printing standards will never be less than required under state law and the text will never be less than ten-point type.



**IRONSHORE INDEMNITY INC.**

(A Stock Company)

Mailing Address:

PO Box 3407

New York, NY 10008

(877) IRON411

**OFAC COMPLIANCE NOTICE**

Payment of Loss under this Policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

## ELECTRONIC SIGNATURE PAGE

~~YOUR COMPLETE POLICY CONSISTS OF THE POLICY JACKET WITH THE COVERAGE FORMS, DECLARATIONS AND ENDORSEMENT, IF ANY.~~

~~IN WITNESS WHEREOF, Ironshore Indemnity, Inc. has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of Ironshore Indemnity, Inc.~~

[  ]

Secretary

[  ]

President



**IRONSHORE INDEMNITY INC.**

(A Stock Company)

~~Mailing Address:~~

~~PO Box 3407~~

~~New York, NY 10008~~ 175 Berkeley Street

Boston, MA 02116

[(877) IRON411]

**ENDORSEMENT #**

**Policy Number:**

**Effective Date of Endorsement:**

**Insured Name:**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**INSURER ~~STREET~~ ADDRESS CHANGE**

~~There is no change in the mailing address or telephone number shown above.~~

It is hereby understood and agreed that the street address of the Insurer's main administrative office and mailing address is changed to:

~~28 Liberty Street, 5<sup>th</sup> Floor~~

~~New York, NY 10005~~ 175 Berkeley Street

Boston, MA 02116

The street address for ~~delivery of any Notice to Insurer, the~~ Representative of the Insurer and Notice of Claim reporting is changed to:

[c/o Ironshore Insurance Services LLC.

28 Liberty Street, 5<sup>th</sup> Floor

New York, NY 10005]

The street address for the Service of Process/Suit provision in this policy is changed to:

~~c/o Ironshore Insurance Services LLC.~~

~~28 Liberty Street, 4<sup>th</sup> Floor~~

~~New York, NY 10005~~ 175 Berkeley Street

Boston, MA 02116

For the purposes of this endorsement:

1. "Insurer" means the "Insurer", "Underwriter" or "Company" or other name specifically ascribed in this policy as the insurance company or underwriter for this policy.

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